UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

UNITED STATES OF AMERICA

NOLLE PROSEQUI

v.

S1 21 Cr. 706 (JPO)

GERALD MIGDOL,

Defendant.

- 1. The filing of this *nolle prosequi* will dispose of the charges filed against defendant GERALD MIGDOL.
- 2. On April 11, 2022, GERALD MIGDOL was charged in a seven-count information, (Docket No. 36, the "Information"), with violations of Title 18, United States Code, Sections 371 (conspiracy), 666(a)(2) (bribery), 1343 and 1346 (honest services wire fraud), 1349 (wire fraud conspiracy), 1028A(a)(1) and 1028A(b) (aggravated identity theft), 1519 (falsification of records), 1349 (bank fraud conspiracy), and 2 (aiding and abetting).
- 3. On February 9, 2024, while the above-captioned case was pending, GERALD MIGDOL died. Attached hereto as Exhibit A is a true and correct copy of MIGDOL's death certificate.
- 4. Because GERALD MIGDOL died while this case was pending, and therefore before a final judgment was issued, the Information must be dismissed under the rule of abatement. *See United States v. Wright*, 160 F.3d 905, 908 (2d Cir. 1998).

5. In light of the foregoin	ng, I recommend that an order of nolle prosequi be
filed as to defendant GERALD MIGDOL.	
Dated: New York, New York February 27, 2024	Celia V. Cohen Assistant United States Attorney (914) 993-1921
Upon the foregoing recommendation, I hereby direct, with leave of the Court, that an order	
of nolle prosequi be filed as to defendant GERALD MIGDOL with respect to the Information.	
	DAMIAN WILLIAMS United States Attorney Southern District of New York
Dated: New York, New York February 27, 2024	
SO ORDERED:	
	Honorable J. Paul Oetken United States District Judge Southern District of New York
Dated: New York, New York, 2024	

EXHIBIT A

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DOH-1961 (8/2011) RECORDED DISTRICT **NEW YORK STATE** 5953 DEPARTMENT OF HEALTH 131-2024-00011997 CERTIFICATE OF DEATH 031 STATE FILE NUMBER NAME: FIRST MIDDLE LAST 3A. DATE OF DEATH YEAR 2024 Gerald Steve Migdol Male 02 09 09:05 AM 4B. IF FACILITY, DATE ADMITTED MONTH HOSPITAL OUTPATIENT HOSPITAL DOA ER YEAR (Specify): × 4C. NAME OF FACILITY: (If not facility, give address) 4D. LOCALITY: (Check one and specify) CITY VILLAGE TOWN 4E. COUNTY OF DEATH: Westchester 4F. MEDICAL RECORD NO. 4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) NO × 2024-0389 78. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH: 6C. IF UNDER 1 DAY ENTER: 7A. CITY AND STATE OF BIRTH: (If not USA, Country and Region/Province) 6A. AGE IN YEARS: 6B. IF UNDER 1 YEAR ENTER: MONTH YEAR minutes 73 Bronx, New York 9. DECEDENT OF HISPANIC ORIGIN? Check the box 8. SERVED IN U.S. ARMED FORCES? (Specify years) NO YES 10. DECEDENT'S RACE: Check one or more races to indicate what the decedent considered himself or herself to be. A 🗷 No. not Spanish/Hispanic/Latino 8 🗌 Yes. Mexican, Mexican American, Chicano A X White/Caucasian B Black or African American C Asian Indian D Chinese **X**0 1 E Filipino F Japanese G Korean E Yes, Other Spanish/Hispanic/Latino (Specify) J Native Hawaiian K Guamanian or Chamorro M Samoan 11. DECEDENT'S EDUCATION: Check the box that best describes the highest degree or level of school completed at the time of death N American Indian or Alaska Native (specify) 1 \sum ≤ 8th grade 2 9th-12th grade; no diploma 3 High school graduate or GED 暖, P Other Asian (specify) R Other Pacific Islander (specify) 4 Some college credit, but no degree 5 Associate's degree 6 Bachelor's degree S Other (specify) Master's degree 8 X Doctorate/Professional degree 100 12. SOCIAL SECURITY NUMBER: 13. MARITAL STATUS: 14. SURVIVING SPOUSE: Enter birth name of spouse MARRIED WIDOWED 3 DIVORCED 4 **NEVER MARRIED** if married or separated. Sheryl Eve Perl 15A. USUAL OCCUPATION: (Do not enter retired) 15C. NAME AND LOCALITY OF COMPANY OR FIRM: 15B. KIND OF BUSINESS OR INDUSTRY Real Estate Developer Real Estate The Migdol Organization, New York, NY 16A. RESIDENCE: 16C. LOCALITY: (Check one and specify) CITY VILLAGE TOWN 16F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS?

☐ YES ☐ NO IF NO. SPECIFY TOWN: 16B. County or Region/Province if not USA: (State or Country if not USA) Westchester Greenburgh Town 16D. STREET AND NUMBER OF RESIDENCE 16E. ZIP CODE 17. BIRTH NAME OF FATHER / PARENT: 8. BIRTH NAME OF MOTHER / PARENT: LAST Max Migdol Betty Mintzer 19A. NAME OF INFORMANT: 19B. MAILING ADDRESS: (include zip code) Sheryl Eve Migdol 20A, 1 ME BURIAL 2 CREMATION 3 REMOVAL 4 HOLD DAY 208. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION. 20C. LOCATION: (City or town and state) 02 2024 Mount Hope Cemetery Hastings-on-Hudson, New York 21A. NAME AND ADDRESS OF FUNERAL HOME 21B. REGISTRATION NUMBER: Edwards-Dowdle Funeral Home Inc 00522 64 Ashford Ave, Dobbs Ferry, NY 10522 22A. NAME OF FUNERAL DIRECTOR: 22B. SIGNATURE OF FUNERAL DIRECTOR: 22C. REGISTRATION NUMBER: Danielle M Ponga Danielle M Ponga Electronically Signed 23A. SIGNATURE OF REGISTRAR: 23B. DATE FILED: MONTH DAY 24A. BURIAL OR REMOVAL PERMIT ISSUED BY 24B. DATE ISSUED: MONTH DAY YEAR YEAR Lisa Maria Nero Electronically Signed 02 09 2024 Luis Beltran 02 09 2024 ITEMS 25 THRU 33 COMPLETED BY CERTIFYING PHYSICIAN -- OR -- CORONER/CORONER'S PHYSICIAN OR MEDICAL EXAMINER 25A. CERTIFICATION: To the best of my knowledge, death occurred at the time, date and place and due to the causes stated. License No .. Alexandra Dow, MD Month Alexandra Dow, MD 179809 Electronically Signed 02 09 2024 Certifler's Title: 0 ▼ Attending Physician 0 □ Physician acting on behalf of Attending Physician 1 □ Coroner 2 □ Medical Examiner / Deputy Medical Examiner 700 white plains Road 200, Scarsdale, NY 10583 25B. If coroner is not a physician, enter Coroner's Physician's name & title: License No. 25C. If certifier is not attending physician, enter Attending Physician's name & title: License No. Address 26A. Attending physician attended deceased: 26B. Deceased last seen alive Month by attending physician: 01 24 FROM 01 2024 02 09 2024 01 24 2024 09 2024 AT 09:05 AM 02 ON 27. MANNER OF DEATH: PENDING INVESTIGATION 6 28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? ? 29B. IF YES, WERE FINDINGS USED TO DETERMINE REFUSED! CAUSE OF DEATH? NATURAL CAUSE HOMICIDE CIRCUMSTANCES 3 □ 4 0 🗆 NO 1 YES 0 _ NO CONFIDENTIAL SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH CONFIDENTIAL 30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. IMMEDIATE CAUSE months DUE TO OR AS A CONSEQUENCE OF: days DUE TO OR AS A CONSEQUENCE OF: 9 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A): <>>> DID TOBACCO USE CONTRIBUTE TO DEATH? 0 ▼ NO 1 ☐ YES 2 ☐ PROBABLY 3 ☐ UNKNOWN 31A. IF INJURY, DATE: MONTH DAY YEAR 31B. INJURY LOCALITY: (City or town and county and state) | 31C. DESCRIBE HOW INJURY OCCURRED: 31D. PLACE OF INJURY: 31E. INJURY AT WORK? NO YES IF TRANSPORTATION INJURY, SPECIFY: 32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? 33A, IF FEMALE: 33B. DATE OF DELIVERY MONTH DAY 1 Driver/Operator 2 Passenger 3 Pedestria NO YES 0 Not pregnant within last year 2 Not pregnant, but pregnant within 42 days of death YEAR 1 Pregnant at time of death

0 🗷 1 3 Not pregnant, but pregnant 43 days to 1 year before death

4 Unknown if pregnant within past year

OTHER (specify)

I HEREBY CERTIFY THAT THIS
IS A TRUE COPY OF A TRANSCRIPT
FILED IN THE OFFICE OF THE
TOWN CLERK, TOWN OF GREENBURGH

TOWN CLERK, TOWN OF GREENBURGH

TOWN CLERK, TOWN OF GREENBURGH

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